

FORWARD APPLICATION TO:

**ARKANSAS TOBACCO CONTROL**

**CLASS CODE: 5351**

Arkansas Tobacco Control  
101 E. Capitol Ave., Suite 401  
Little Rock, AR 72201-3826

Phone: (501) 682-9756

[www.atc.ar.gov](http://www.atc.ar.gov)

Application for

**PERMIT NO.** \_\_\_\_\_

## **WHOLESALE TOBACCO, VAPOR PRODUCT AND ALTERNATIVE NICOTINE PRODUCT PERMIT**

Type or print legibly:

NAME OF BUSINESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

FEIN NUMBER \_\_\_\_\_ SALES TAX NUMBER \_\_\_\_\_

Separate applications must be filed for a wholesale cigarette permit, wholesale tobacco, vapor product and alternative nicotine product permit, retail cigarette, tobacco, vapor and alternative nicotine product permit, retail exclusive vapor product and alternative nicotine product permit and tobacco, vapor product and alternative nicotine product vendor's permit. Separate applications must also be filed for each established place of business.

Type of business:    Sole Proprietorship    \_\_\_\_\_    Corporation    \_\_\_\_\_    LLC    \_\_\_\_\_  
                                 Partnership    \_\_\_\_\_    Other (specify) \_\_\_\_\_

### **NAMES OF OWNERS, PARTNERS, OFFICERS, LLC MEMBERS AND DIRECTORS:**

Name _____	Title _____	Name _____	Title _____
Residence Address _____		Residence Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	

### **LIST ADDITIONAL PERSONS ON REVERSE SIDE OF THIS FORM OR ATTACH LIST TO THIS FORM**

The undersigned applicant hereby declares under penalty of law that the information provided above is true and correct to the best of his knowledge and belief, and that he will faithfully comply with all tobacco and vapor laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco, vapor products, alternative nicotine products and cigarettes and the placement of tobacco, vapor products and alternative nicotine product vending machines, all rules and regulations promulgated pursuant thereto, and all lawful orders of the Board.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT FEE TO ACCOMPANY APPLICATION \$500.00**